



## USE OF FITNESS ROOM BY A MINOR PERMISSION FORM

**Users must be 18 years of age or older to use the Fitness Room by themselves. Users 14 – 17 may use the Fitness Room if accompanied by their parents or legal guardian or with prior written parental permission on file at the Swim and Fitness Center.**

\_\_\_\_\_  
**Date**

**I \_\_\_\_\_ give permission to my daughter/son  
\_\_\_\_\_ to use the Fitness Facility at the Rockville  
Swim and Fitness Center.**

### ***RELEASE, WAIVER, ASSUMPTION OF RISK AND CONSENT***

*Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.*

**\*Signature of Parent or Legal Guardian** \_\_\_\_\_

### ***Office Use Only:***

**Date Received:** \_\_\_\_\_ **Client Barcode Number:** \_\_\_\_\_ **Alert placed on Account:** ☐  
**Staff Initials:** \_\_\_\_\_ **Notes:**